

OIL CONSERVATION DIVISION

P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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RECEIVED BY  
JUN 26 1985  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS  
ARTESIA OFFICE

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
MYCO Industries, Inc.  
Address  
207 South 4th St., Artesia, NM 88210

Reason(s) for filing (Check proper box)

New Well	<input checked="" type="checkbox"/>	Change in Transporter of:		Other (Please explain)
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>	CASINGHEAD GAS MUST NOT BE
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>	HEALED AFTER 8-3-85
		Dry Gas	<input type="checkbox"/>	UNLESS AN EXCEPTION FROM
		Condensate	<input type="checkbox"/>	THE B. L. M. IS OBTAINED

II. DESCRIPTION OF WELL AND LEASE

Lease Name Big Eddy Unit	Well No. 110	Pool Name, including Formation East Indian Draw Delaware	Kind of Lease State, Federal or Fee Federal	Lease No. NM 060613
Location Unit Letter <u>H</u> ; <u>2310</u> Feet From The <u>North</u> Line and <u>330</u> Feet From The <u>East</u>				
Line of Section <u>9</u> Township <u>22S</u> Range <u>28E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Navajo Refining Co.	PO Box 159, Artesia, NM 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	H 9 22s 28e No

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil well <input checked="" type="checkbox"/>	Gas well <input type="checkbox"/>	New Well <input checked="" type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Restv. <input type="checkbox"/>	Diff. Rest. <input type="checkbox"/>
Date Spudded 3-6-85	Date Compl. Ready to Prod. 6-20-85	Total Depth 6075'	P.B.T.D. 6007'					
Elevations (DF, RAB, RT, GR, etc.) 3137' GR	Name of Producing Formation Delaware	Top Oil/Gas Pay 4079'	Tubing Depth 5935'					
Perforations 4079-88'; 5908-15'			Depth Casing Shoe 6075'					

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8"	423'	250 SX
7-7/8"	5-1/2"	6075'	900 SX
	2-7/8"	5935'	

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top oil able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 4-20-85	Date of Test 6-20-84	Producing Method (Flow, pump, gas lift, etc.) Pumping	Choke Size Open
Length of Test 24 hrs	Tubing Pressure -	Casing Pressure -	Gas-MCF 20
Actual Prod. During Test 310	Oil-Bbls. 60	Water-Bbls. 250	

Post FD-2  
7-5-85  
Comp ARK

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure ( shut-in )	Casing Pressure ( shut-in )	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Gilberto D. Badgett  
(Signature)  
Production Supervisor  
(Title)  
6-26-85  
(Date)

OIL CONSERVATION DIVISION  
JUL 3 1985  
APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY \_\_\_\_\_  
Original Signed By  
Les A. Clements  
Supervisor District II

This form is to be filed in compliance with RULE 111.  
If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for all wells on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of well name or number, or transporter, or other such change of condition.  
Separate Form C-104 must be filled for each pool in multi-completed wells.